

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
IV-D	1902(a)(10)(E)(i) and 1905(p) of the Act	25. Qualified Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under § 1818 of the Act); b. Whose income does not exceed 100 percent of the Federal level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare cost sharing as defined in item 3.2 of this plan.)
IV-D	1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act	26. Qualified disabled and working individuals-- a. Who are entitled to hospital insurance benefits under Medicare Part A under §1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under §§1818 and 1818A of the Act.)

* Agency that determines eligibility for coverage.

TN No. 93-06

Approval Date 08-31-93

Effective Date 01-01-93

Supersedes

TN No. _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
IV-A	1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act	<p>A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)</p> <p>27. Specified low-income Medicare beneficiaries--</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under §1818A of the Act);</p> <p>b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and</p> <p>c. Whose resources do not exceed twice the maximum standard under SSI.</p> <p>(Medical assistance for this group is limited to Medicare Part B premiums under §1839 of the Act.)</p>

* Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Agency*	Citation	Groups Covered
1634(e) of the Act	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
	28. a.	Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
	<input checked="" type="checkbox"/> b.	The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy..

* Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy

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|------|---|-------------------------------------|----|---|
| IV-A | 42 CFR 435.210
1902(a)(10)(A)(ii)
and 1902(a) of the
Act | <input checked="" type="checkbox"/> | 1. | Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. |
| | | <input checked="" type="checkbox"/> | | This plan covers all individuals as described above. |
| | | <input type="checkbox"/> | | This plan covers only the following group or groups of individuals: |
| | | <input type="checkbox"/> | | Aged |
| | | <input type="checkbox"/> | | Blind |
| | | <input type="checkbox"/> | | Disabled |
| | | <input type="checkbox"/> | | Caretaker Relatives |
| | | <input type="checkbox"/> | | Pregnant women |
| IV-A | 42 CFR 435.211 | <input checked="" type="checkbox"/> | 2. | Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution. |

* Agency that determines eligibility for coverage.

TN No. <u>93-04</u>	Approval Date <u>01-03-94</u>	Effective Date <u>06-16-93</u>
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TN No. <u> </u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
	42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (Section 9517) P.L. 101-508 (Section 4732)	<p>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p> <p>3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1902(m)(2)(B)(iii), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under Section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(A). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).</p> <p><input type="checkbox"/> The State elects not to guarantee eligibility.</p> <p><input type="checkbox"/> The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).</p> <p>The State measures the minimum enrollment period from:</p> <p><input type="checkbox"/> The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.</p> <p><input type="checkbox"/> The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</p> <p><input type="checkbox"/> The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)</p>

* Agency that determines eligibility for coverage.

TN No. <u>93-04</u>	Approval Date <u>01-03-94</u>	Effective Date <u>06-16-93</u>
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TN No. <u>87-01</u>		HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
IV-A	1903(m)(2)(F) of the Act, P.L. 98-369 (Section 2364), P.L. 99-272 (Section 9517), P.L. 101-508 (Section 4732)	<p>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p> <p>The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, the other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p><input type="checkbox"/> Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).</p> <p>During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p><input type="checkbox"/> No restrictions upon disenrollment rights.</p>
	1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (Section 4732)	<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p><input type="checkbox"/> The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p><input type="checkbox"/> The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

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TN No. 93-04

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
IV-A	42 CFR 435.217	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
		<input checked="" type="checkbox"/> 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

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State of Virginia

Agency* Citation

Groups Covered

B. Optional Groups Other Than the Medically
Needy (Continued)

IV-A 1902(a)(10)(A)(ii)
 (VII) of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in §1905(o) of the Act.

☒ The State covers all individuals as described above.

☐ The state covers only the following group or groups of individuals:

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--

___ 21 ___ 20 ___ 19 ___ 18

___ Caretaker relatives
___ Pregnant women

* Agency that determines eligibility for coverage.

TN No. 93-09
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State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
IV-A	42 CFR 435.220	<input type="checkbox"/> 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.
		<input type="checkbox"/> The State covers all individuals as described above.
	1902(a)(10)(A)(ii) and 1905(a) of the Act	<input type="checkbox"/> The State covers only the following group or groups of individuals:
		<input type="checkbox"/> Individuals under the age of--
		<input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18
		<input type="checkbox"/> Caretaker relatives
		<input type="checkbox"/> Pregnant women
IV-A	42 CFR 435.222 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act	<input type="checkbox"/> 7. a. All individuals who are not described in §1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan and who are under the age of 21 as indicated below.
		<input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18

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B. Optional Groups Other Than the Medically Needy (Continued)

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|------|----------------|--|
| IV-A | 42 CFR 435.222 | <input checked="" type="checkbox"/> b. Reasonable classifications of individuals described in (a) above as follows: |
| | | <input checked="" type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: |
| | | <input checked="" type="checkbox"/> (a) In foster homes (and are under the age of <u>21</u>). |
| | | <input checked="" type="checkbox"/> (b) In private institutions (and are under the age of <u>21</u>). |
| | | <input checked="" type="checkbox"/> (c) in addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private nonprofit agencies (and are under the age of <u>21</u>). |
| | | <input checked="" type="checkbox"/> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>). |
| | | <input checked="" type="checkbox"/> (3) Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan. |
| | | <input checked="" type="checkbox"/> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>). |

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